

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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25						
26	1					
27						
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29						
30						
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32						
33						
34						
35						
36						
37						
38						
39	1					
40		1				
41						
42						
43	1					
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1					
54						
55						
56						
57						
58						
59						
60						
61	1					
62						
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96						
97						
98						
99						
100						
TOTAL IND.		6				
TOTAL DEP.		59				
TOTAL CLAIMS		65				